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Items of Interest:

- Chief of Naval Operations to retire. Adm. Vern Clark said he will retire this summer after five years as Chief of Naval Operations — the second-longest tenure in the history of the Navy. Clark assumed duties as Chief of Naval Operations July 21, 2000. His successor has not been named.
- Naval Dental Center Mid-Atlantic disestablished as a major command and merged with Naval Medical Center Portsmouth, Feb. 4.
- Naval Hospital Pensacola added 10 of Naval Dental Center Gulf Coast's 14 clinics following an integration ceremony, Feb. 2.
- Four Naval Dental Center Gulf Coast's clinics merged with Naval Hospital Corpus Christi, Feb. 2.

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MERCY Welcomes Patients from Hospital in Banda Aceh

By Journalist 1st Class (SW) Joshua Smith, USNS Mercy Public Affairs

BANDA ACEH, Sumatra — Amidst the chaos wrought by the tsunamis, there is hope for the people of Banda Aceh.

At University Hospital, workers clear debris and mud left by the receding waters. Hospital beds, medical supplies and articles of clothing litter areas workers have yet to reach. The hospital, like much of Banda Aceh, was a scene of death and destruction after the tsunami struck. Nearly two thirds of the hospital's staff died in the disaster and in parts of the com-

pound signs still hang bearing photographs of the missing.

Women, wearing masks to shield their faces from dust and stench of stagnant sea water, sweep out empty wards that once housed patients, so they may receive them once again. In other wards, men and women await medical care while their children laugh and play.

With the loss of their primary health care providers, many have had no access to medical care for injuries and sickness related to the tsunami, some have gone weeks without treatment.

International teams of military
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Dr. Waichi Wong, a volunteer with the non-governmental organization Project HOPE, assesses a patient at University Hospital in Banda Aceh, Sumatra, Indonesia. Wong and other Project HOPE members are working with Navy medical personnel from the hospital ship USNS Mercy (T-AH 19) to provide medical care to patients at the hospital. Mercy is currently deployed in support of Operational Unified Assistance. Photo by JO1(SW) Joshua Smith.

ESL Gives HIV/AIDS Awareness, Prevention Training to Foreign Nationals

By Journalist 3rd Class, Rebekah Blowers, Naval Forces Europe/U.S. 6th Fleet Public Affairs

GULF OF GUINEA—Two medical officers from Navy Environmental and Preventive Medicine Unit 7, Sigonella, Sicily, conducted HIV/AIDS awareness and prevention training for approximately 20 foreign nationals February 1—10, 2005.

The training is part of USS

Emory S. Land's (AS 39) ongoing 2005 Gulf of Guinea Deployment as part of the Navy's Theater Security Cooperation efforts in Africa.

Environmental health officer, Lt. Enrique Torres and microbiologist, Lt. Eduardo Gomez, both assigned temporarily to Land, said the training is very important.

"Initially, Emory S. Land asked these (West African) countries what topics they wanted help with, and HIV/AIDS awareness and preven-

tion was one of the topics they wanted us to instruct," said Gomez.

Torres added that Sub-Saharan Africa is home to almost 25 million people infected with HIV and that last year alone, almost 2 million people died in that area.

"There is only 20 percent of the world's population in that region, but they have more than 60 percent of the HIV infections," Torres said.

Gomez and Torres trained junior and senior foreign military members riding aboard Land from countries such as Ghana, Sao Tome, Benin, and Gabon, West Africa. They also may have the opportunity to do more training during additional port visits in the Gulf of Guinea, and may even help African hospitals and laboratories with HIV/AIDS practices.

"We hope that we gave them (foreign service members) at least one additional tool of knowledge that will help them and that they can pass on to their troops," Torres said.

The medical doctors added that not only did they teach the foreign service members, they learned from them, as well. Gomez said it was obvious that there was a lot of interest in the topic, and the foreign service members asked questions and stayed interactive throughout the training.

"The question and answer segment really helped us. We can now take this information back with us to modify our lectures for future training so that we emphasize different areas," Gomez said.

Emory S. Land is currently enroute to its first port visit in the Gulf of Guinea, West Africa. The purpose for the deployment is to enhance security cooperation between the US and participating Gulf of Guinea nations, as well as familiarization efforts on topics such as navigation and seamanship, search and rescue, anti-terrorism/force protection, and HIV/AIDS awareness and prevention.

MERCY

(Continued from page 1)

and civilian health care workers from the across the globe are working with local providers to help rebuild the health care system at Albidin Hospital and treat the steady flow of patients with the limited resources they have available.

On Feb. 3, the hospital ship USNS Mercy (T-AH 19) and its crew of Navy medical professionals and health care providers from Project HOPE (Health Opportunities for People Everywhere), arrived off the coast of Banda Aceh. Its arrival increased the spectrum of medical care for the people of Banda Aceh.

"Our role, Project HOPE and USNS Mercy, is to augment the Indonesian physicians," said Dr. Waichi Wong, a Project HOPE volunteer. "We take the complicated cases they probably wouldn't be able to treat here due to logistical issues. With a hospital, like Mercy, we have the specialists, the equipment and the supplies needed to treat them."

Each day, U.S. Navy and Marine Corps helicopters ferry medical teams from the Mercy to assess the needs of patients at the hospital. The teams are seeing a wide array of injuries and illnesses.

After assessing the situation, if a doctor feels a patient would benefit most from treatment available on Mercy, they are evacuated to the ship by helicopter.

"The cases we've been seeing here, that are directly related to the tsunami, are traumatic fractures and aspiration pneumonia (the result of inhaling large amounts of water into the lungs)," said Cmdr. Kurt Hummeldorf, DC, USN. "We're also seeing a lot of chronic problems such as tumors. These pathology cases are related to the tsunamis due to the fact that the people can't get their care."

Besides the majority of trauma cases the Mercy teams are seeing, many patients are suffering from infections due to poor sanitary conditions.

"Infections are a huge problem because, due to the disaster, the people are without clean water. Sanitation is definitely a huge issue," said Dr. Wong. "We're also seeing a lot of infections like Tetanus. People don't have access to immunizations, so they're getting these preventable infections."

Despite the language barrier and cultural differences, the Mercy teams are able to get the job done through the use of translators and a lot of compassion.

"The Indonesians are great people. They are very appreciative; they smile and tell us they are glad we are here to help. It really feels good to be a part of this," said Hummeldorf.

Since Mercy arrived off Banda Aceh, 31 patients have received care aboard the ship.

VA Looks to Navy Medicine for Advice on Improving Care for War Wounded

By Journalist 1st Class AnTuan Guerry, National Naval Medical Center Public Affairs

BETHESDA, Md. — The National Naval Medical Center hosted 30 members of the Department of Veterans Affairs Poly-trauma Lead Centers February 2, to address issues impacting the VA's mission in treating injured members requiring rehabilitative care after active duty.

The visit was part of a three day conference in Washington organized by officials from the four Veteran's Administration Traumatic Brain Injury Centers located at Tampa, Fla.; Palo Alto, Calif.; Richmond, Va. and Minneapolis.

Topics ranged from treating multiple and diverse combat injuries suffered by veterans who have served in Iraq and Afghanistan, to providing an effective, seamless transition of care from military treatment facilities to VA health care facilities and the significance of family involvement and support in the treatment of veterans.

"This is the first conflict in which we have integrated the family into the care of the patient in a very proactive manner and with a great deal of forethought," said Bethesda Commanding Officer Rear Adm. Adam Robinson, Jr. "In this institution, when wounded arrive, quite often, a family member is already here waiting for them. We try to make the family an integral part of the rehabilitative and healing process of the patient."

According to Kerri Childress, Communications Officer and Congressional Liaison at VA Palo Alto, Calif. Healthcare System, the visit's goal was to learn how to help service members progress from facilities like Bethesda to VA hospitals.

"We want to try to learn the perspective of both parties — both Bethesda and VA — to figure out the very best way we could coordinate the care and help the service members and their families

make the transition between the two," Childress said. "We provide very different kinds of treatment. Bethesda is keeping them alive, saving lives and providing acute care. When they progress to the VA hospital system they're going into a really different type of health care or rehabilitation."

VA officials tour of Bethesda included a visit to the 5 East Ward where they saw the staff in action and interacted with patients and family members.

"It was very enriching to understand the kind of services families are receiving at Bethesda so that we can set that same standard," said Childress. "We're (VA) just learning how to incorporate family into health care; this is something new to VA. We have always been about the veteran, but now we understand that family is a critical part of the

healing process and rehabilitation."

Parents of service members transitioning to VA care voiced major concerns about the lack of information from VA during the member's discharge process. This, according to Childress, reflects a negative image of VA care that dates back to the Vietnam War, it's something she said they are working very hard to overcome.

"I realize we have a mission here that, one, we have to overcome a negative image of VA that people are almost afraid to come to," Childress said. "I think we all learned a very, very important lesson; that is, we (VA) need to get these families and these service members up to date information about how viable, how modern, and how excellent the health care is that's now being provided at VA to ease their fears during the transition."

Naval School of Health Sciences, San Diego, Receives Performance Award Excellence

By Hospital Corpsman 1st Class, Andrew Neville, Naval Medical Education and Training Command, Public Affairs

BETHESDA, Md. — The Naval School of Health Sciences (NSHS) San Diego will receive the 2004 California Award for Performance Excellence (CAPE) from the California Council for Excellence (CCE) March 18 in Riverside, Calif.

The CAPE program emulates the Malcolm Baldrige National Award and is given to companies and organizations demonstrating continuous improvement and best-in-class performance in several key business areas.

Named a Bronze-level winner, NSHS San Diego is one of nine to be honored with this prestigious award this year.

"This award is a demonstration of the military, civilian and contract personnel's commitment to quality management for the students of

NSHS San Diego and Navy Medicine," said Capt. W. Thomas Nunns, commanding officer at NSHS San Diego.

NSHS San Diego was selected for superior performance in key business categories including leadership, strategy planning, customer and staff focus, knowledge management and organizational performance in providing medical education and training in 29 medical specialty programs to uniformed service personnel.

"This award is a tribute to the personal approach and great work of all the staff at NSHS San Diego as well as a direct reflection of strong leadership," said Rear Adm. Navy J. Lescavage, commander, Naval Medical Education and Training command, under which NSHS San Diego falls.

Med. Bn. Practices Mobile Medicine

By Lance Cpl. Joseph DiGirolamo,
MCB Camp Pendleton

MARINE CORPS BASE CAMP PENDLETON, Calif. - A scaled down version of 1st Medical Battalion spent a week making sure they're spun up on new equipment and each other's roles - so the team won't miss a beat when it's time to practice medicine on the move.

That meant more than just scalpels and sutures. Everything from guns to high-tech communications gear goes into bringing lifesaving medicine to the front lines overseas.

Some Med. Bn. members are deployed. So 200 Marines, Sailors and civilians here gathered at the Fleet Hospital Training Center Jan. 24-28 to train in tactics and road-test new gear.

Individual companies usually train separately in Medical Augmentation Training Exercises, said Navy Lt. j.g. George J. Brand, Med. Bn.'s training officer. This time, Marines and Sailors consolidated their training to help everyone understand each other's mission, he said.

The consolidation ensured there were enough medical technicians on hand to support the training, Brand said.

Many doctors, nurses and corpsmen who usually partake in the medical training are deployed to

Indonesia in support of tsunami relief efforts, he said.

Headquarters and Support Company came out to train with Company C to stem the shortages.

Marines and Sailors honed combat survival skills, trauma medicine, vehicle convoys and electrical maintenance, among other tasks. They trained in scenarios as they would operate in Operation Iraqi Freedom.

Staff Sgt. Alfredo Rodriguez said Headquarters and Support Company is separated into three sections - Motor Transport, Utilities, and Communications. Together, the company's Marines practiced convoy tactics, ambushes, immediate-action drills, improvised explosive device detection, combat skills, accident prevention and maintenance procedures.

Each section helped the other to pull off all those functions. "We all come together to train each other," said Rodriguez, the Motor Transport chief, whose job is to make sure medicine stays mobile.

For example, motor transport Marines trained utilities and communications Marines in convoy operations, he said. The training was comprehensive, "constant" and "repetitive."

Company C's mostly Naval staff trained H&S company staff members in patient transport and trauma assessment.

Company C concentrated on



Navy Petty Officer 3rd Class Guanarrama Emanuel aids a fellow service member during a simulated convoy ambush during exercises held by 1st Med. Bn.

Photo by Lance Cpl. Joseph DiGirolamo

improving its mobile emergency rooms and portable surgical operations, said Navy Corpsman Enrique Gomez.

Training included trying out the latest tools of the trade - including "phraselators," or language translation equipment. Corpsmen worked with foreign-language-speaking role-players in a casualty-assessment drill.

They used the phraselators to convert English into foreign tongues, said Chris Breault, a project manager for Marine Forces Pacific's Experimentation Center.

The training should help ensure Med. Bn. can get wide-ranging medical care to the front lines, said 2nd Lt. Shannon J. Clancy, the battalion's communications officer.

"We feel very proud in what we do," Rodriguez said. "When people need medical help, because of us, medical help is always there. We are the Marines and Sailors who provide the support for our Docs."

Military Severely Injured Joint Support Center

The new Military Severely Injured Joint Support Operations Center is now open 24 hours a day, 7 days a week to support our Armed Forces Service Members and their families who have suffered severe injuries in combat operations.

Available at no cost to the severely injured service member and their families, it is designed to provide personalized assistance, tailored to meet an individual's unique needs during recovery and rehabilitation, to include: medical care and rehabilitation; education, training and job placement; personal mobility and functioning; home, transportation and workplace accommodations; personal, couple and family issues counseling; and financial resources.

It is intended to augment other military service and government programs.

The Center is located at 2107 Wilson Blvd., Colonial Place Three, Suite 100, Rosslyn, VA 22201, and can be reached at 1-888-774-1361.

Naval Hospital Jacksonville 'Devil Docs' Deploy to Iraq

By Loren Barnes
Naval Hospital Jacksonville Public Affairs

JACKSONVILLE, Fla.—Fifty-seven medical personnel attached to Naval Hospital Jacksonville, Fla.'s 2nd Force Service Support Group (2nd FSSG) platform deployed to support Operations in Iraq Feb. 10.

This deployable platform, comprised of doctors, nurses and hospital corpsmen from Naval Hospital Jacksonville and its Branch Health Clinics, augment a larger 2nd FSSG command based at Camp Lejeune, N.C. When deployed they provide medical support to U.S. Marine forces in theater.

All of Naval Hospital Jacksonville's active duty medical personnel serve a dual role. They maintain readiness to put "muddy boots" on the ground if deployed to support our forces abroad while also continuing to provide excellent care to active duty, military family members and our retired veterans at home.

Lt. Cmdr. Chris Foster, who commands the deploying platform, said his people are ready to fulfill their mission.

"I'm proud to say we have the finest team of medical professionals

the Navy can provide," he said.

Foster explained that as they integrate into the 2nd FSSG support units already in Iraq, the Naval Hospital Jacksonville platform will form a surgical company at Camp Fallujah.

The company will have a good mix of medical personnel who have been in Iraq once or for some time before, added Foster. "We'll actually fall in on the group that is already there. We'll shadow them for a few weeks and then they'll leave and we'll have it," he said.

As far as the duties they're leaving behind at Naval Hospital Jacksonville Foster said, "I think the strength and diversity of the hospital is evident. I don't think they're really going to miss a beat. Sure, there will be a little bit of a drain but I feel they've already filled those holes and they're doing very well."

As loved ones, friends and co-workers said their goodbyes there was some anxiety and concern evi-

dent, mothers who couldn't seem to let go of their sons and daughters. Wives and children fighting back tears. Still the team seemed upbeat about their mission.

Everyone waving goodbye at the bus carrying friends and loved ones off to Camp LeJeune, N.C. and eventually to planes bound for Iraq look forward to the day when their "Devil Docs" return.

According to Foster this deployment is anticipated to last six to eight months.

The term "Devil Docs" is not an official Navy unit name. It is actually an honorary name given by Marines on the battlefield to all Navy doctors who are prepared to go with them to the front lines. It is a derivation of the term "Devil Dogs" which has identified U.S. Marines since WW I when their German foes began calling them 'Teufelhunden, 'hound of hell' or 'devil dog.' The Marines took this as a compliment.

NACC Groton Lab Demonstrates Excellence During Inspection

By Lt. Jonathan Ware, NACC Groton Laboratory Manager

GROTON, Conn.—The Naval Ambulatory Care Clinic Laboratory in Groton was inspected by the College of American Pathologists (CAP) to determine the quality of service the laboratory provides to patients.

"Some of the best work I've seen" was one of the comments mentioned as CAP inspected the laboratory on January 20. The laboratory was evaluated on the compliance of more than 800 standards and received no deficiencies.

"This inspection represents the second consecutive inspection with zero deficiencies (January 2002 was the first) and reflects the consistent

reliable performance by our staff and our commitment to excellence," said Capt. James Richter, the Naval Healthcare New England laboratory program manager.

The 14 members of the laboratory staff perform over 85,000 tests per year.

CAP is a medical society serving nearly 16,000 physician members and the laboratory community throughout the world. It is the world's largest association comprised exclusively of pathologists and is widely considered the leader in laboratory quality assurance. CAP is an advocate for high-quality and cost-effective medical care. More than 6,000 laboratories are accredited by CAP.



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